



Required Review Content

Recommended Form
Revised 6/2011
Sponsored Center Site Review Form

CACFP Sponsored Center (Site) Review Form

Iowa Child and Adult Care Food Program

Requirement: Sponsors must adequately train, supervise and review sponsored centers (sites) to ensure that CACFP requirements are met. Written site reviews must be done and documented before CACFP participation, and 3 times per fiscal year for sites with 12 claims. If the site has 5-11 claims do 2 reviews, if 1-4 claims do 1 review. Review averaging option: Sites with 12 claims may receive 2, 3, or 4 reviews if the total number of reviews for all sites equals 3 times the number of total sites and the State is notified in the management plan that review averaging will be used. Review averaging cannot be used for sites with serious deficiencies. No more than 6 months may elapse between reviews, and no more than 9 months may elapse when 2 reviews are conducted, from one fiscal year to the next. If doing 2 reviews, both must be unannounced, one of which must be at mealtime. Unannounced reviews must be conducted at varied intervals so sponsored center sites cannot predict when reviews will take place. *Centers may receive announced or unannounced visits at any time from any CACFP governmental official. Proper ID must be available from any review official.* **Required review items are highlighted.**

1. REVIEW INFORMATION Fiscal year reviews: Pre-approval <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Review averaging: Y <input type="checkbox"/> N <input type="checkbox"/>						
Sponsor name: _____ Site name: _____						
THIS REVIEW: Date: _____ (Some items, marked with a ✓, may need to be completed before the review).						
Reviewer: _____ Arrival: _____ Departure: _____ Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Meal Visit <input type="checkbox"/>						
✓ If visit is at meal time, list meal time submitted on site application to State Agency: _____						
• License/approval expiration date: _____ Capacity: _____						
• Was the center over capacity on the day of the review? Y <input type="checkbox"/> N <input type="checkbox"/>						
✓ Are enrollments completed and signed by parents? Y <input type="checkbox"/> N <input type="checkbox"/>						
✓ Are enrollments updated annually? Y <input type="checkbox"/> N <input type="checkbox"/>						
• Are attendance records current? Y <input type="checkbox"/> N <input type="checkbox"/> If no, meals may not be claimed for children not in recorded attendance and staff must be trained to ensure attendance records are current.						
• Is attendance recorded separately from meal counts? Y <input type="checkbox"/> N <input type="checkbox"/>						
✓ LAST REVIEW: Pre-approval <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Date: _____ Announced <input type="checkbox"/> Unannounced <input type="checkbox"/>				Were there any required changes from the last review? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, record: _____		
Reviewer: _____ Meal observed last review: B A L P S E None				Were any serious deficiencies identified? Y <input type="checkbox"/> N <input type="checkbox"/> (If yes, the current review must be unannounced.)		
PARENT CONTACT ASSESSMENT: PARENT CONTACTS ARE NOT REQUIRED FOR ADULT CENTERS, OUTSIDE SCHOOL HOURS CHILD CARE OR AT RISK AFTER SCHOOL SNACK PROGRAMS. Average Daily Attendance (ADA) for last claim: _____ (total attendance for the last completed claim month divided by the number of days meals were claimed.) A parent contact is needed if three factors with double asterisks** (throughout the form) are identified during the review.						
• Total daily attendance observed at this review: _____						
• **Is today's total attendance reasonably similar number to the ADA? Y <input type="checkbox"/> N <input type="checkbox"/> If no, explain: _____						
• **Do parents sign children in/out? (staff may sign children in/out if they are transported)? Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>						
• Were other factors identified during review? (Questions with double asterisk**.) Y <input type="checkbox"/> N <input type="checkbox"/> If yes, how many? _____						
• Is a household contact needed? (Three or more factors identified) Y <input type="checkbox"/> N <input type="checkbox"/>						
2. MEAL OBSERVED: (circle) B A L P S E Non-Meal Visit Answer Y, N or n/a for each classroom or age group.						
Enter classroom or age group→						Comments
Was meal served within ½ hour of State approved time?						
Did staff sit with participants, enjoy and discuss foods?						
Was meal adequately supervised?						
Was the meal served family style? If yes:						
• Were participants appropriately encouraged to try all foods?						
• Were bowls and utensils sized for easy passing and serving?						
• Was enough of each required food on table at beginning of meal for each person seated to have a full serving?						
If staff served food, were the required amounts on the plate (cup) at the beginning of the meal?						
Was mealtime atmosphere pleasant, relaxed and calm?						
Did participants decide how much and which foods to eat?						
**Was an accurate meal count taken at mealtime?						

Record foods served and serving sizes or check if Non-Meal Visit <input type="checkbox"/>								
Meal Component	Food Served↓	Amount Served↓ (total or individual serving sizes)						
Enter classroom or age group →								
Milk						Did each participant received the minimum required amount of food? Y <input type="checkbox"/> N <input type="checkbox"/>		
Meat/Meat Alt								
Grain/Bread								
Fruit/Veg						Were meal pattern requirements met? Y <input type="checkbox"/> N <input type="checkbox"/>		
Fruit/Veg								
Other								
TOTALS	-----	Age/class Total↓	Age/class Total↓	Age/class Total↓	Age/class Total↓	Age/class Total↓		
Total served	Site total:							
Attendance	Site total:							
3. INFANTS <input type="checkbox"/> check if infants are enrolled					Yes	No	N/A	Comments
Is parent's choice to accept/decline center-provided formula on file?								
Are bottles and food labeled with date and child name?								
Are meals recorded reasonably close to the time when served?								
Are there daily dated menus for each child or age group?								
Is there written communication from parents on foods to serve?								
Do meals observed and/or recorded contain required components?								
Are reimbursable foods used?								
Is food chosen and textured to avoid choking?								
Do claimed meals contain at least one center-provided reimbursable food for infants 4-12 months old (when infant is ready for solids/required by meal pattern)?								
Does the center have policies to encourage breastfeeding?								
Is food stored properly (proper temp., covered, and separate from medications)?								
Are the refrigerator and food preparation areas clean?								
Is diapering area separate from food preparation area?								
Record foods served to infants		Meal Observed: B A L P S E						
Meal Component	Iron fortified infant formula or breast milk	Iron-fortified infant cereal	Fruit/Vegetable	Meat/Meat alternate	Bread/Crackers (snack only)	Juice (snack only)		
Birth through 3 months		None required	None required	None required	None required	None required		
4 through 7 months		Optional	Optional	None required	None required	None required		
8 through 11 months					Optional			
Attendance		None required	None required	None required	None required	None required		
Total infants served		None required	None required	None required	None required	None required		
4. SAFETY/SANTATION					Yes	No	N/A	Comments
Do participants and staff wash hands before and after meals and after using the restroom?								
Are can openers washed daily or when used?								
Are dining tables washed and sanitized before and after meals?								
Are the refrigerator(s) clean and at a temperature 32°-41°F?								
Are the freezer(s) clean and at a temperature of 0° F or below?								
Are disposable gloves or clean utensils used to directly handle food?								
Is the three step manual dishwashing procedure followed (wash, rinse, sanitize one minute in solution of 1T. bleach to 1 gallon of cool water; air dry).								
If a dishwasher is used, does it use chemical or heat sanitizing?								
If chemical sanitizing, does the wash temperature reach at least 120 degrees?								
If heat sanitizing, does the rinse temperature reach at least 155 degrees?								

SAFETY/SANTATION (CONTINUED)	Yes	No	N/A	Comments
Are transported foods kept at safe temperatures (<41°F, cold foods & >140°F, hot foods)?				
Is an appropriate sanitizer used on food contact surfaces? List: _____.				
If bleach is used for food contact surfaces, is it mixed properly (daily & 1 tsp. /qt. water)?				
If bleach is used for classroom tables, is it mixed properly (daily & 1 T./qt. water)?				
Do food handlers wash hands before handling food & after touching anything unsanitary?				
Is food served at appropriate temperatures?				
Is food properly stored in refrigeration units and in dry storage areas (labeled, sealed, insect proof)?				
Are regular written cleaning schedules followed?				
Is a licensed pest control service used regularly?				
Are food storage areas free of pests, cleaning supplies and medicines?				
Are there any obvious fire, health or safety hazards observed in the center?				

5. CIVIL RIGHTS

Is an "And Justice for All" civil rights poster on display in a public area?				
Are families given the "Building for the Future Brochure" upon enrollment?				
Are racial/ethnic data questions completed on enrollment forms (by staff if not by families)?				
Have all staff at this site received annual Civil Rights training? (Must be documented.)				
Are all allowed access to center services and are meals served equally to all participants regardless of race, color, sex, age, disability and national origin?				

6. RECORD KEEPING

FIVE-DAY RECONCILIATION: Compare the meal counts to attendance and enrollment information for five consecutive days using the center site's records for each meal type (B=breakfast, A=am snack, L=lunch, P=pm snack) claimed during the current or last claim month. Complete the reconciliation for 10% of the participants enrolled at the site (or a minimum of five participants). To claim meals for participants, they must be enrolled and recorded in attendance at the time meals are served. If participants are claimed when they are not enrolled or not in attendance, this is a discrepancy and a factor for a parent contact. The meals must be removed from the claim for reimbursement and a revised claim submitted, if applicable.

Participant's Name↓	Record Attendance Dates ↓					Date of Meal Participation:				Date of Meal Participation:				Date of Meal Participation:				Date of Meal Participation:				Date of Meal Participation:				Enrollment Date & Meals/Days (Must be within 12 mo.)	**Discrepancy Y <input type="checkbox"/> N <input type="checkbox"/>
						B	A	L	P	B	A	L	P	B	A	L	P	B	A	L	P	B	A	L	P		
Example	X	X	X	X	-	X	X	X		X	X			X	X	X		X	X	X		-	-	-		10/07 BAL/M-F	No-OK
1.																											
2.																											
3.																											
4.																											
5.																											
6.																											
7.																											
8.																											
9.																											
10.																											

	Yes	No	N/A	Comments
**Are meal participation records up to date (recorded for the last meal served)?				
Are medical statements on file for participants who are unable to follow the CACFP meal pattern?				

7. MENUS AND FOOD PRODUCTION RECORDS

Are daily dated menus and food production records on file for all meals served?				
Are menus posted in the kitchen and in each room where food is served?				
Are meal substitutions recorded on menus & food production records? (Records should match.)				
Do menus offer a healthy variety of colors, flavors, textures, shapes, temperatures, familiar and new foods?				
Do menus include a daily serving of vitamin C food?				
Do menus include 3 or more servings of vitamin A foods per week?				
Do menus include fresh fruits and vegetables at least three times per week?				
Are sweets limited to twice per week at snack?				
Are whole grains served at least half the time?				
Was a food production record completed for the observed meal and did it document that minimum required amounts of food were prepared?				
Are preserved, processed and higher fat meats and entrees limited to one serving/week?				
Is skim or 1% milk served to participants over age 2 and whole milk to toddlers age 1-2?				

8. TRAINING	Yes	No	N/A	Comments
Do key staff * have <u>at least</u> 1.5 hours of CACFP training prior to Program operations or within the last year, and enough to do duties correctly? (Staff may need more than 1.5 hours to correctly perform CACFP duties.)				
If no, list CACFP staff, training topics needed and when this will be provided: (List staff names, topics and dates)				
9. TEAM NUTRITION				
Do participants have several daily opportunities to learn about food, healthy eating and physical activity?				
Do children have opportunities for open and adult-led physical activity daily both indoors and outdoors (about 60 min. total for children)?				
Do participants have weekly planned food or nutrition activities?				
Do families receive information on center nutrition and physical activity policies when they enroll?				
Do participants with special needs have their nutrition and physical activity needs provided for while they are in care?				
10. FINDINGS				
<input checked="" type="checkbox"/> LAST REVIEW: List any required changes from the last review and describe sponsor activities completed to address them: Check if n/a <input type="checkbox"/>				
Have required changes from previous review(s) been maintained? Y <input type="checkbox"/> N <input type="checkbox"/> (if no, explain):				
THIS REVIEW: Good management practices observed:				
Recommendations:				
Required changes from this review: Check if n/a <input type="checkbox"/> <input type="checkbox"/> check here if any serious deficiencies were found. Identify which findings were serious deficiencies.		Corrective action plan to address required changes: Check if n/a <input type="checkbox"/>		
If this review identified the need for a parent contact, describe the findings/resolution: Check if n/a <input type="checkbox"/>				
Reviewer Signature:		Center Staff Signature:		

*"Key staff" that must receive yearly CACFP training are private for-profit center owners, staff with CACFP responsibilities including but not limited to administrative and foodservice staff, site monitors, all teachers/staff with mealtime responsibilities, and volunteers or board members with primary CACFP mealtime and/or decision-making responsibilities pertaining to the claim.